

JAN 12 2006

4643

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In re: **Stefaan Valere Albert Coussement**  
Case: **P4643** Application No.: **09/710,042** Filing date: **11/08/2000**  
Art Unit: **2142** Examiner: **Thong H. Vu**  
Subject: **System for Improved Reporting of Communication Center Presence Information to Prospective Clients**

**Certificate of Transmission under 37 CFR 1.8**Attention: **Thong H. Vu**, Examiner

Fax No.: (571) 273-8300

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JAN 12 2006

Method of Transmission: Facsimile

CASE DOCKET NO. P4643

In reference to application of Stefaan Valere Albert Coussement

Serial No. 09/710,042

For System for Improved Reporting of Communication Center Presence Information to Prospective Clients

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.  
☐ Applicant claims Small entity status under 37 CFR 1.27.  
☐ The fee has been calculated as shown below.

## \*\*\*\* CLAIMS AS AMENDED \*\*\*\*

| (1)   | (2)                                 | (3)   | (4)                                | (5)              | (6)                                | (7)                     | (8)               |
|---|-------------------------------------|-------|------------------------------------|------------------|------------------------------------|-------------------------|-------------------|
|   | Claims Remaining<br>After Amendment |       | Highest No. Paid<br>For Previously | Present<br>Extra | Rate<br>Small<br>Entity            | Rate<br>Large<br>Entity | Additional<br>Fee |
| Total<br>Claims   | 34                                  | Minus | ** 34                              | 0                | \$ 25                              | \$ 50                   | \$ 0.00           |
| Indep<br>Claims   | 2                                   | Minus | *** 3                              | 0                | \$ 100                             | \$ 200                  | \$ 0.00           |
| <input type="checkbox"/> First presentation of a multiple dependent claim |                                     |       |                                    |                  | \$ 0                               | \$ 0                    | \$ 0.00           |
| <input type="checkbox"/> Terminal Disclaimer Fees                         |                                     |       |                                    |                  |                                    |                         | \$ 0.00           |
| Extension Fee   | <input type="checkbox"/> 1st Month  |       | <input type="checkbox"/> 2nd Month |                  | <input type="checkbox"/> 3rd Month |                         | \$ 0.00           |
| Total additional for claims, time extensions and disclaimer fees          |                                     |       |                                    |                  |                                    |                         | \$ 0.00           |

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\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys  
Reg. No. 35074Central Coast Patent Agency, Inc.  
P.O. Box 187  
Aromas, CA 95004  
(831) 726-1457

Method of Transmission: Facsimile

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| <input type="checkbox"/> First presentation of a multiple dependent claim |  |       |   |                         | \$ 0                               | \$ 0                           | \$ 0.00                  |
| <input type="checkbox"/> Terminal Disclaimer Fees                         |  |       |   |                         |                                    |                                | \$ 0.00                  |
| Extension Fee   | <input type="checkbox"/> 1st Month         |       | <input type="checkbox"/> 2nd Month        |                         | <input type="checkbox"/> 3rd Month |                                | \$ 0.00                  |
| Total additional for claims, time extensions and disclaimer fees          |  |       |   |                         |                                    |                                | \$ 0.00                  |

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COPY

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit: 2142

Examiner: Vu, Thong H.

In Re:           Stefaan Valere Albert Coussement  
Case:           P4643  
Serial No.:      09/710,042  
Filed:           11/08/2000  
Subject:         System for Improved Reporting of Communication Center Presence  
                  Information to Prospective Clients

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Dear Sir:

**RESPONSE E**